



FOR OFFICE USE ONLY	
Date	
Name	
Unit & Time	
Shift	

Lynchburg Fire & EMS Department Ride-Along Program

Purpose

The purpose of this program is to allow interested persons to ride on a departmental unit with Lynchburg Fire & EMS Department personnel, during part of their 24-hour duty shift. The program is designed to increase awareness of the Lynchburg Fire & EMS Department's emergency services, through direct contact with the EMS and suppression personnel and their work at the scene of an accident, illness, fire or other incident.

Procedure

Persons wishing to participate in the Ride-Along first Program must obtain an application form from the Training Division's Administrative Aide, fill it out and return it at least (5) five days prior to the anticipated date of the ride. When returning the application, the person will be required to sign the Liability Exemption Form in the presence of the Battalion Chief, Captain, or their designee.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program.

- ☐ The Fire Department has the authority to approve or reject any request for participation in this program, or alter such request in the best interest of the Department.
- ☐ Participants may be restricted to one ride.
- ☐ The Fire Department has the authority to revoke an authorization at any time if a participant's conduct is not in the best interest of the Department.
- ☐ The participant's ride shall last no longer than eight- (8) hours. Participants shall not ride before 8:00 a.m. and continue no later than 10:00 p.m.
- ☐ The participant shall, upon completion of the ride, fill out an evaluation form about the experience—failure to do so may eliminate the participant from any future departmental activities.

In addition to the guidelines above, persons requesting to ride on suppression units are subject to the following:

- ☐ Only Engines and Aerial Trucks having fully enclosed crew cabs are available for Ride-Along purposes.
- ☐ The participant may only observe operations/activities from a safe location. No Ride-Along participant is allowed to engage in, or otherwise participate in, tactical operations at the emergency scene, or physical training activities.
- ☐ Participant's dress attire should be appropriate for weather conditions and the anticipated Ride-Along activity.
- ☐ Participants will be provided a hard hat, eye protection, disposable earplugs, and a safety vest to be worn during all Code 3 (lights and sirens) responses and while at the incident scene.

My Signature _____ this ____ day of _____ 2003.

Ride-Along Participation Agreement
Assumption of Risk, Indemnity Agreement, And Covenant not to Sue

I, _____ have requested that the Lynchburg Fire & EMS Department allow me to come onto Fire & EMS Department facilities and to ride with Fire & EMS Department personnel on emergency equipment as part of the Lynchburg Fire & EMS Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include, but are not limited to bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious / contagious diseases, accompanying Fire & EMS personnel into high crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of the City of Lynchburg allowing me to participate, I assume full responsibility for such risks. I agree that neither I, or my legal representatives, heirs, and assigns, will hold the City of Lynchburg, its officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City of Lynchburg, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the City of Lynchburg, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charge to, or recovered from or sought to be recovered from the City of Lynchburg, its officers, employees and agents, as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Lynchburg Fire & EMS Department and such permission may be restricted to specified periods of time or revoked entirely by the Lynchburg Fire & EMS Department in its sole discretion.

My Signature _____ this ____ day of _____ 2003.

Witness Signature _____ this ____ day of _____ 2003.

CAUTION: READ BEFORE SIGNING

Lynchburg Fire & EMS Department, Lynchburg, Virginia

Application in the “Ride-Along” Program

Application must be filled out prior to participation. NO ONE will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION		
Full Name		Date of Birth
Home Address		Phone Number
Place of Employment or School		Gender (circle): Male Female
Position/Title	Major/Study	
Place of Employment/School Address		Business/School Phone #:
Organization(s) Represented		
What is your interest in participating in this program?		
Date you are requesting to “Ride-Along”	Unit You Wish To Ride	How did you become aware of this program?
Time you wish to “Ride-Along” (Must be after 8:00 a.m. but before 10:00 p.m. and for no more than 8 hours total.)		
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list offense, location, and date: _____ _____		
Do you have a physical impairment that would prohibit you from participating in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ _____		
I have read and understand the procedure for the Ride-Along Program of the Lynchburg Fire & EMS Department. The above information is true and accurate to the best of my knowledge. <div style="text-align: center; margin-top: 20px;"> _____ Signature of Applicant </div>		
FOR FIRE DEPARTMENT USE ONLY		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Participation: _____ Time Assigned: _____ Signature: _____ Comments: _____ _____ _____ _____	Rode with: _____ Date of participation: _____ Time(s) participated: From _____ to _____ ___ Failed to appear ___ Refused to allow applicant to ride Explain: _____ ___ Terminated applicant’s ride before scheduled time Explain: _____	

Return completed form to Jeannie O’Brien:
 Lynchburg Fire & EMS Department -- Attention: Jeannie O’Brien
 800 Madison Street
 Lynchburg, VA 24504